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|---|---|---------------------|-------------------|-----------------------|--|-----|-------------------------------------|--|
| APPLICANTS Hugo R. Rose | n, Tigard, OR; | | | | - | | | |
| OK CAL | TA ************************************ | *** | 999 AE | ВN | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged ADDRESS 23601 | | | E OR ITRY R | SHEETS DRAWIN 2 | | IMS | INDEPENDENT CLAIMS 3 | |
| TITLE Methods for identifyir | ng a preferred liver transp | olant donor | | | | | | |
| FILING FEE FEES: Authority has been given in Paper RECEIVED No to charge/credit DEPOSIT ACCOUNT 962 No for following: | | | | NT time | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit | | | |